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Troyan's Basic Defined Benefit Pension Evaluation Form

This form is to be **COPIED PER EVALUATION** and **SUBMITTED** via either mail or fax or Internet to this office

TODAY'S DATE: _____

ATTORNEY'S/MEDIATOR'S NAME: _____

FIRM NAME: _____

BUILDING, STREET, SUITE: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: () _____ FAX: () _____

PARTY YOU REPRESENT: () HUSBAND () WIFE () BOTH (MEDIATION)

PENSIONER NAME: _____ SEX: _____ DATE OF BIRTH: _____

PENSION PLAN: _____ DATE OF PLAN ENTRY: _____

END OF MARRIAGE DATE (CUTOFF DATE): _____ DATE OF MARRIAGE: _____
(i.e. Date Complaint Filed, Date Summons Served)

*MONTHLY ACCRUED BENEFIT AS OF CUTOFF DATE: \$ _____ NORMAL RETIREMENT AGE: _____
*IF YOU ARE UNABLE TO PROVIDE THE ACCRUED BENEFIT REQUESTED ABOVE, OUR CUSTOMIZED SOFTWARE WILL COMPUTE SAME AT NO FURTHER COST PROVIDED WE ARE SUPPLIED WITH THE FOLLOWING:

*FOR STATE AND GOVERNMENT (CIVIL SERVICE) PLANS:
FILL IN THE PENSIONER'S ANNUAL SALARIES FOR THE LAST (3) MARITAL YEARS OF PENSIONABLE SALARY AND ATTACH BENEFIT STATEMENT: YEAR _____ \$ _____ YEAR _____ \$ _____ YEAR _____ \$ _____

*FOR MILITARY RESERVE AND REGULAR COMPONENT SERVICE MEMBERS:
PLEASE SUPPLY THE MEMBER'S BENEFIT STATEMENT AS OF THE END OF MARRIAGE DATE, PAY, RANK, AND ACCRUED POINTS SHEET.

*FOR UNION MEMBERS:
PLEASE NOTE THE PENSION FUND IS THE PENSION PLAN AND THE ANNUITY FUND IS A CASH ACCOUNT. TO VALUE THE PENSION FUND SIMPLY PROVIDE THE MONTHLY ACCRUED BENEFIT AS OF THE END OF MARRIAGE DATE. SIMPLY ATTACH THE BENEFIT STATEMENT INDICATING SUCH MONTHLY ACCRUED BENEFIT OR FILL IN SAME. MONTHLY ACCRUED BENEFIT AS OF CUTOFF DATE: \$ _____ NORMAL RETIREMENT AGE: _____. IF THE ANNUITY FUND REQUIRES A MARITAL/COMMUNITY CALCULATIONS, SIMPLY PROVIDE THE STATEMENT INDICATING THE CASH BALANCE FOR THE QUARTER CLOSEST TO THE END OF MARRIAGE DATE.

*FOR COMPANY, CORPORATE, PRIVATE, OR CLOSELY HELD EMPLOYEES:
PLEASE SUPPLY THE BENEFIT STATEMENT INDICATING THE ACCRUED MONTHLY BENEFIT FOR THE YEAR OR DATE SUBJECT TO THIS EVALUATION.

*IF RETIRED OR TERMINATED OR NO LONGER AT EMPLOYER SUBJECT TO THIS EVALUATION:
() PENSIONER RETIRED: DATE OF RETIREMENT: _____ MONTHLY RETIREMENT PAY: \$ _____
() PENSIONER TERMINATED OR NO LONGER WITH ABOVE REFERENCED EMPLOYER: DATE OF TERMINATION OR LEFT DATE OF ACTIVE SERVICE WITH ABOVE EMPLOYER: _____ MONTHLY BENEFIT PAYABLE AT NORMAL RETIREMENT AGE: \$ _____

L \$125.007 STANDARD RATE

PENSION EVALUATIONS PAYMENT INFORMATION
ADDITIONAL PENSION EVALUATION SERVICES

- EACH ADDITIONAL CALCULATION (I.E. TWO VALUATIONS OR RETIREMENT DATES) ADD \$75.00
- SOCIAL SECURITY OFFSET (FOR PENSIONERS' WITHOUT SOCIAL SECURITY) ADD \$95.00
- (QUICKCALC@...NEXT DAY RUSH SERVICE) ADD \$75.00 NOTE: FOR THIS SERVICE WE MUST RECEIVE THIS FORM COMPLETED BEFORE NOON
- TAX CONSEQUENCE OFFSET (FOR RECOGNITION OF THE IMMEDIATE CASH DISTRIBUTION) ADD 175.00
- TOTAL CHECK AMOUNT ENCLOSED: \$ _____
- EASYCHARGE™ AMERICAN EXPRESS VISA MASTERCARD DISCOVER

CARDHOLDER'S NAME: _____ TOTAL CHARGE AMOUNT: \$ _____
CARD NUMBER: _____ EXPIRATION DATE: _____



*** INDEPENDENT DISCOVERY IS NOT A COMPONENT OF THIS SERVICE***

FOR FURTHER DETAILS CONTACT PENSION EVALUATORS AT TROYAN, INC. EASYFILL™FORMS